



# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Application Number

10/825,867

Filing Date

April 16, 2004

First Named Inventor

Jason W. Chin

Group Art Unit

1651

Examiner Name

Kagnew H. Gebryesus

Total Number of Pages in This Submission

29

Attorney Docket Number

54A-000240US

**ENCLOSURES (check all that apply)**

- ☒ Fee Transmittal Form  
☐ Fee Attached
- ☒ Amendment / Response  
☒ Amendment and Request for Reconsideration  
☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☒ Receipt Acknowledgement Postcard
- ☒ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☒ PTO-1449 Form
- ☒ 1 Cited Reference
- ☒ Copy of PCT Search Report
- ☐ Copy of EP Search Report
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Small Entity Statement
- ☐ Request for Refund

- ☐ Interview Summary
- ☐ Request for Continued Examination (RCE)
- ☐ Request for Corrected Filing receipt
- ☐ Copy of Filing Receipt - marked up
- ☐ Status Letter
- ☐ Additional Enclosure(s) (please identify below):

**Authorization to Charge Deposit Account**

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.

Signature

Date

November 8, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Deborah Berwick

Signature

Date

November 9, 2007

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL** For FY 2008

☐ Applicant claims small entity status. See 37CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**1230.00**

## Complete if Known

Application Number	<b>10/825,867</b>
Filing Date	<b>April 16, 2004</b>
First Named Inventor	<b>Jason W. Chin</b>
Examiner Name	<b>Kagnew H. Gebryesus</b>
Art Unit	<b>1651</b>
Attorney Docket No.	<b>54A-000240US</b>

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**  
☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		Fee (\$)
		Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: **Petition for Extension of Time for 3 Months**Other: **Submission of Information Disclosure Statement**

Other:

Other:

Other:

Fees Paid (\$)

1050.00

180.00

## SUBMITTED BY

Signature

*Jonathan Alan Quine*Registration No.  
(Attorney/Agent)

41,261

Telephone

Name (Print/Type)

Jonathan Alan Quine

Date

November 9, 2007